

STATE OF ARIZONA APPLICATION FOR CERTIFICATION

AS A PARTICIPATING CANDIDATE

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-164 (B) L. U

Y OF STATE

Initial Application Amended Application			FILERID - 93108	
NAME OF CANDIDATE KAT BARNES		OFFICE SOUGHT (include Legislative District, if applicable)		
ADDRESS (NUMBER & STREET) 4470 E Michelle	De.	PHOEWIX	STATE	83737
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP
(607) 493 -9988	CANDIDATE'S FAX#	CANDIDATE'S E-MAIL ADDR	RESS	
CANDIDATE'S PARTY AFFILIATION (if any)				
NAME OF CANDIDATE'S COMMITTEE 1247 BARINES	04 HOUSE			
3500 N 1574 AVE		PHIEWIX	STATE A-Z	SSU/5-59
(6013) 248-0797		COMMITTEE'S E-MAIL ADDRESS N/A		
NAME OF DESIGNATED INDIVIDUAL WITH A	UTHORITY TO WITHDRAW FUNDS (IF A	PPLICABLE) (A.R.S. §16-948)		
DESIGNATED INDIVIDUAL'S ADDRESS		CITY	STATE	ZIP
DESIGNATED INDIVIDUAL'S TELEPHONE #	DESIGNATED INDIVIDUAL'S FAX #	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS		
LIST THE NAME OF THE FINANCIAL INSTITUTION FOR THE CANDIDATE'	S CAMPAIGN COMMITTEE (do not list ac	ND THE DESIGNATED INDIVIDUccount number). (A.R.S. §16-948)	AL WILL CON A)).	DUCT ALL
DESIGNATED CANDIDATE'S STA	ATTRACTAL (15 amplicable) (A D	C 24C 049(D)\\ I horshy		

designate _____ as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Candidate's signature:

CCEC-003-APP/CERT-08/28/01

CFR filed 2-9-04

OK RU 2-11-04